



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**VENDOR INPUT**

PRINT OR TYPE

**SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR) SEE SECTION A & GENERAL INSTRUCTIONS**

NAME											
ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		ADDRESS FIELD 2 (PO BOX NO.)									
CITY		STATE	ZIP CODE								
VENDOR CONTACT NAME	VENDOR CONTACT E-MAIL ADDRESS	VENDOR CONTACT TELEPHONE NUMBER									
LEGAL NAME OF ENTITY OR INDIVIDUAL (ENTITY NAME FILED WITH IRS FOR TIN)											
1099 ADDRESS		CITY	STATE ZIP CODE								
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>									
VENDOR TYPE (CHECK OR X ONE OF THE BOXES IN FRONT OF THE APPLICABLE VENDOR TYPE) <table border="0"><tr><td><input type="checkbox"/> CORPORATION</td><td><input type="checkbox"/> INDIVIDUAL</td><td><input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT</td><td><input type="checkbox"/> STATE/LOCAL GOVERNMENT</td></tr><tr><td><input type="checkbox"/> STATE EMPLOYEE</td><td><input type="checkbox"/> PARTNERSHIP</td><td><input type="checkbox"/> SOLE PROPRIETOR</td><td><input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)</td></tr></table>				<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT	<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT								
<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)								

COMMENTS
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**CERTIFICATION FOR STATE OF MISSOURI**  
I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE (You may not sign the form on-line. Please sign prior to sending it to a state agency for processing.)

NAME (PRINT OR TYPE)	TITLE	DATE
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**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien)

**Certification instructions.** You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE (You may not sign the form on-line. Please sign form prior to sending to a state agency, if applicable, according to the IRS Certification statement.)

**SECTION B: STATE OF MISSOURI AGENCY USE ONLY (COMPLETED BY SUBMITTING STATE AGENCY)**

ACTION TYPE (CHECK ONE) <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	VENDOR CODE/NUMBER	VENDOR TYPE	STATE AGENCY NUMBER
STATE AGENCY NAME		STATE AGENCY ADDRESS	
STATE AGENCY CONTACT NAME (PLEASE PRINT OR TYPE)		STATE AGENCY CONTACT TELEPHONE NUMBER (INCLUDE AREA CODE) (       )	
STATE AGENCY CONTACT EMAIL ADDRESS			
ADDITIONAL INFORMATION			
SIGNATURE		NAME (PRINT OR TYPE)	DATE

**Clear Form**

**VENDOR INPUT FORM INSTRUCTIONS**

**SECTION A: TO BE COMPLETED BY VENDOR (ALL FIELDS REQUIRED UNLESS OTHERWISE STATED) SUBMIT THIS COMPLETED VENDOR INPUT FORM TO THE STATE AGENCY YOU ARE DOING BUSINESS WITH.**

<b>Name</b>	Enter the name of the entity or individual name that is to appear on checks, EFTs or Purchase Orders, etc. <b>Corporation</b> – Enter your Doing Business As (DBA) name <b>Federal/Military Government</b> – Enter the legal name of entity as filed with the IRS <b>Individual</b> – Enter your name (Last Name, First Name, and Middle Initial) <b>Partnership</b> – Enter the name of the business as filed with the IRS <b>Sole Proprietor</b> – Enter the business name <b>State Employee</b> – See “Individual” for this field’s coding instructions <b>State/Local Government</b> – Enter the legal name of the entity as filed with the IRS <b>Other</b> – Enter your entity’s name
<b>Address Field 1</b>	Complete this field if you have a room number, apartment number, suite number and/or street name/number
<b>Address Field 2</b>	Complete this field if you have a PO Box number for the address included in Address Field 1
<b>City, State, Zip Code</b>	Enter your city, state, and 5 or 9 digit zip code for Address Field 2 if completed. If Address Field 2 is not completed, enter the city, state, and 5 or 9 digit zip code for Address Field 1
<b>Vendor Contact Name</b>	Enter the name of the individual authorized by the vendor to answer questions about information on this form
<b>Vendor Contact E-Mail Address</b>	Enter the e-mail address, if one exists, for individual’s name entered in the Vendor Contact Name field
<b>Vendor Contact Telephone Number</b>	Enter the telephone number, including area code, of the individual listed in the Vendor Contact Name field
<b>Legal Name of Entity or Individual</b>	Enter the Legal Name of Entity or Individual for the taxpayer identification number to be entered in the Taxpayer ID Number field <b>Corporation</b> – Enter the Corporate name as it is filed with the IRS <b>Federal/Military Government</b> – Enter the legal name of entity as filed with the IRS <b>Individual</b> – Enter Last Name, First Name, and Middle Initial as filed with the Social Security Admin (SSA) <b>Partnership</b> – Enter the name of the business as filed with the IRS <b>Sole Proprietor</b> – Enter the Owner’s name (Last Name, First Name, and Middle Initial) as filed with the SSA <b>State Employee</b> – See “Individual” for this field’s coding instructions <b>State/Local Government</b> – Enter the legal name of entity as filed with the IRS <b>Other</b> – Enter the legal name of entity as filed with the IRS
<b>1099 Address</b>	Enter address that the IRS Form 1099 should be sent to if one is issued. Leave this field blank unless this address is different from the address entered in the Address Fields 1 and 2
<b>City, State, Zip Code</b>	Enter your 1099 mailing address, city, state, and 5 or 9 digit zip code. Complete these fields if you entered an address in the 1099 Address field
<b>Taxpayer ID Number (TIN)</b>	Enter the nine digit Federal Employer Identification Number (FEIN) or Social Security Number (SSN) associated with the Legal Name of Entity or Individual as filed with the Internal Revenue Services (IRS) or Social Security Administration (SSA)
<b>Taxpayer ID (TIN) Type</b>	Check one: <b>FEIN</b> – Federal Employer Identification Number or <b>SSN</b> – Social Security Number
<b>Exempt from Backup Withholding</b>	Check box if exempt from backup withholding (See General Instructions)
<b>Vendor Type</b>	Check the box in front of the applicable vendor type listed as registered with the IRS or SSA. If Other is selected, enter the vendor type on the line provided
<b>Comments</b>	If you are a tax exempt organization please state “Exempt” in the comments field and attach a copy of the letter received from the IRS that your entity is exempt. This space is also provided for any vendor who has additional information that you would like to provide on this form

**CERTIFICATION FOR STATE OF MISSOURI:**

<b>Signature</b>	Signature of individual listed in the Name field or the entity’s representative authorized by the entity to sign the certification
<b>Name</b>	Print or type the individual’s name who signed the Signature field
<b>Title</b>	<b>Individuals</b> – Leave this field blank. <b>Business Entity</b> – Enter the title of person who signed in the Signature field, if a title exists
<b>Date</b>	Enter date this form is signed.

**CERTIFICATION FOR THE INTERNAL REVENUE SERVICE:**

<b>Signature</b>	Please read the complete IRS Certification as published by the IRS. The IRS does not require your consent to any provision of the IRS statement other than the certifications required to avoid backup withholding
<b>Date</b>	Enter date if the IRS Certification Signature field is completed. Leave this field blank if the signature field is not completed

**If all required fields on this form are not completed, the form will not be processed by the Office of Administration, Division of Accounting.**

## VENDOR INPUT FORM INSTRUCTIONS

**SECTION B: STATE OF MISSOURI AGENCY USE ONLY (ALL FIELDS REQUIRED UNLESS OTHERWISE STATED) SUBMIT THIS APPLICATION AS DOCUMENTED IN THE SAM II FINANCIAL POLICY & PROCEDURES, VENDOR ACTIVITIES (SECTION L).**

<b>Action Type</b>	Check one: Check <b>Add</b> if the vendor name and address is not in the current vendor file and your agency has received prior approval from OA/Accounting to submit adds via fax Check <b>Change</b> if changing the existing vendor number information. Note: If change is checked, supply a brief statement in the additional information field explaining the purpose for the change Check <b>Delete</b> if deleting an existing vendor number. Note: If Delete is checked, supply a brief statement in the Additional Information field explaining the purpose for the delete
<b>Vendor Code/Number</b>	Action Type Field is <b>Add</b> – Enter the TIN (FEIN or SSN) number or the first 9 digits of the alternate number if an alternative vendor number was pre-approved by OA/Accounting Action Type Field is <b>Change</b> – Enter the 11-digit vendor number Action Type Field is <b>Delete</b> – Enter the 11-digit vendor number
<b>Vendor Type</b>	Enter the vendor type. Valid vendor types are: <b>DV</b> – Vendor code to be deleted <b>GI</b> – State of Missouri Agency (“I” Vendor and “E” Vendor Codes) <b>MS</b> – Miscellaneous Vendor Code (Use only if a Misc Vendor Code was pre-approved by the OA/Accounting) <b>SE</b> – State Employee <b>VG</b> – Vendor/General Address (All vendors not defined above as an DV, GI, MS or SE vendor)
<b>State Agency Number</b>	Enter your agency’s 3-digit agency number
<b>State Agency Name</b>	Enter your state agency’s name
<b>State Agency Address</b>	Enter your state agency’s interagency mailing address. If your agency does not have an interagency mailing address, then supply your mailing address
<b>State Agency Contact Name</b>	Enter the name of the individual within your agency who can be contacted if OA/Accounting has questions related to the completion of this form
<b>State Agency Contact Telephone Number</b>	Enter the telephone number, including area code, of the individual listed in the State Agency Contact Name field
<b>State Agency Contact E-Mail Address</b>	Enter the e-mail address of the individual listed in the State Agency Contact Name field
<b>Additional Information</b>	If Change or Delete was checked in the Action Type field, enter a brief statement in this field explaining the purpose for the change/delete. This space is provided for your use if you have any additional information that you would like to include on this form
<b>Signature</b>	Signature of individual authorized by your agency to submit this form. OA/Accounting does not maintain an authorized agency signature list for this purpose
<b>Name</b>	Print or type the name of the individual that signed in the Signature field
<b>Date</b>	Enter date this form is signed.

**Note: State Agency personnel must complete Section B. If this section is not completed the form will not be processed by the OA/Accounting.**

## ADDITIONAL INSTRUCTIONS FOR SECTION B

For each change or delete vendor request, the vendor must complete Section A of this form and the state agency doing business with this vendor must complete Section B prior to any update being made in the SAM II Financial system vendor file.

All forms must be faxed to OA/Accounting as stated in the SAM II Financial Policy & Procedures, Vendor Activities (Section L), Changing Vendor Information in SAM II section to the established fax number.

Forms will not be accepted through any other mechanism (handcarried, mail, etc.) unless the state agency receives prior approval from OA/Accounting.

Forms will not be accepted directly from vendors unless prior approval is received from OA/Accounting.

Vendor adds are required to be submitted online to OA/Accounting through SAM II Financial. Prior to submitting any adds through fax agencies must obtain written authorization from OA/Accounting.

All forms received that are not completed in their entirety will be returned to the submitting state agency.

## VENDOR INPUT FORM INSTRUCTIONS

### GENERAL INSTRUCTIONS

Below are excerpts from the IRS W-9 instructions for your use in completing the Vendor Input Form. See the [irs.gov](https://www.irs.gov) website for additional information.

**Foreign Person** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515** Withholding of Tax on Nonresident Aliens and Foreign Entities). The appropriate Form W-8 is to be sent to the state agency instead of the Vendor Input Form.

**Nonresident alien who becomes a resident alien** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

**Penalties** **Failure to furnish TIN** – If you fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 by the IRS for each such failure unless your failure is due to reasonable cause and not willful neglect.

**Exempt from Backup Withholding** If you are exempt, enter your name as described below, check the appropriate box for your status, and check the "Exempt from Backup Withholding" box in the line following the business name, sign and date the form. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Certification** To establish to the withholding agent that you are a U.S. person or resident alien. Please refer to the W-9 Form Specific Instructions and Purpose of Form on the [irs.gov](https://www.irs.gov) website.

#### What Name and Number to Provide:

**For this type of Account:** **Give name and SSN of:**

- |   |  |
|---|--|
| 1. Individual   | The individual   |
| 2. Two or more individuals (joint account)                                    | The actual owner of the account or, if combined funds, the first individual account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                  | The minor <sup>2</sup>   |
| 4. a. The usual revocable savings trust (grantor is also trustee)             | The grantor-trustee <sup>1</sup>   |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner <sup>1</sup>  |
| 5. Sole Proprietorship or single owner LLC                                    | The owner <sup>3</sup>   |

**For this type of Account:** **Give name and EIN of:**

- |  |                           |
|--|---------------------------|
| 6. Sole Proprietorship or single owner LLC   | The owner <sup>3</sup>    |
| 7. A valid trust, estate or pension trust  | Legal entity <sup>4</sup> |
| 8. Corporate or LLC electing corporate status on IRS Form 8832   | The corporation           |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization          |
| 10. Partnership or multi-member LLC  | The partnership           |
| 11. A broker or registered nominee   | The broker or nominee     |
| 12. Account with the Dept. of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity         |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has a SSN, that person's number must be furnished

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either the SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)